



Vermont Health Care Innovation Project Workforce Work Group Meeting Minutes

Pending Work Group Approval

Date of meeting: Wednesday, April 22, 3:00-5:00pm, 4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier.

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions	Mary Val Palumbo called the meeting to order at 3:03pm. A roll call attendance was taken and a quorum was not present.	
2. Approval of February Meeting Minutes	Approval of the February minutes was delayed due to lack of a quorum; the Work Group will vote on the February meeting minutes at the June Workforce Work Group meeting, assuming a quorum is present.	
3. Updates: Demand Modeling; Strategic Plan; Workforce-Related Initiatives/Grants around the State	<p><i>Demand Modeling Update:</i> Amy Coonradt provided an update. The Department of Vermont Health Access (DVHA) has received five bids for the Demand Modeling work; Amy, Charlie MacLean, Mat Barewicz, Jess Mendizabal, and Georgia Maheras are on the bid review team and will receive demonstrations from bidders in the next few weeks. Janet Kahn raised a concern: Demand modeling may not include professions that have not historically been part of the health care workforce (for example, acupuncturists). Dawn Philibert noted that Mat Barewicz would be better able to speak to this. Amy noted that the scope of work for the Demand Modeling RFP includes alternative medicine professions, and many bidders responded to this item.</p> <p><i>Strategic Plan Update:</i> Mary Val provided an update on work to update the Workforce Strategic Plan. A sub-committee to discuss updates to the Strategic Plan has now met three times. It will soon be ready for input from the rest of the Work Group; Amy will distribute the revised plan to Work Group members by the end of May. Mary Val requested member input on the plan before the June meeting. (The sub-committee will also request specific feedback from members with expertise in particular areas.) Amy will compile comments for discussion and a vote at the June Work Group meeting; after which the approved plan will be presented back to the Green Mountain Care Board (GMCB).</p> <p><i>Workforce-Related Initiatives/Grants around the State:</i> Mary Val pushed this topic to Item #7.</p>	Members will receive an updated version of the Workforce Strategic Plan by the end of May, and will be asked to provide input on the Workforce Strategic Plan for discussion at the June Workforce Work Group meeting.

Agenda Item	Discussion	Next Steps
4. Discussion/ Inventory of Workforce-Related Surveys around VT	<p>Mary Val Palumbo introduced this agenda item, which rose out of Strategic Plan revisions. Mary Val requested attendees share information on work at their organizations or agencies to collect information on workforce demand.</p> <ul style="list-style-type: none"> • Bi-State Primary Care Association is collecting self-reported vacancy information for primary care providers and some specialists in non-primary care specialties. This is typically information collected via phone, but it is not a global survey – only practices that have requested to participate. • The Area Health Education Center (AHEC) has a workforce specialist that tracks vacancies around the state with the purpose of placing residents who are graduating and seeking jobs, or to place others who “owe” time to the state based on participation in programs like Educational Loan Repayment. It was noted that this is a supply survey and does not contain vacancies, but benchmarks. • The Vermont Psychological Association, in partnership with the Social Work Association and Counselors Association, is developing an online survey of membership to assess whether membership are practicing full- or part-time providing mental health services in private practice. (Mary Val points out that this is supply data.) • Peter Cobb will seek information on current demand information collection at VNAs of Vermont. Local VNAs post job information on the VNAs of Vermont website, but no analysis has ever been performed. Peter will request an analysis from human resources. • Mary Val noted that the nursing survey, a phone interview of 11 of 14 hospital HR departments, was conducted last year. This is published on the AHEC website. That survey will be repeated this year. • Dawn Philibert noted that the Department of Health (VDH) is also collecting supply-side data through licensure. • Stephanie Pagliuca volunteered to reach out to Vermont Association of Hospital and Health Systems (VAHHS) to inquire about their survey activities. • What about alcohol and drug treatment providers? Madeleine Mongan suggested that someone reach out to the Designated Agencies (DAs). Dawn Philibert noted that there’s current legislation about a registry of substance abuse providers that is of concern for VDH because it would represent a significant reporting and maintenance burden. • Lori Lee Schoenbeck noted that there are areas where there is demand for naturopathic providers where there are no providers or providers are overwhelmed with demand – how is this need assessed? How do we survey a community of prospective patients about demand? Madeleine Mongan suggested surveying practices about vacancies. • Ellen Grimes suggested that demand data for dentistry may be off – there is unmet need, but graduating students are not finding openings. It was noted that both VDH’s dental division and the dental society both track supply and demand of dentists to some extent. • Charlie MacLean suggested that benchmarking could be helpful, and noted that maldistribution is the biggest issue for many specialties – there are geographic areas with oversupply and areas with 	

Agenda Item	Discussion	Next Steps
	<p>undersupply. To look at newer professions, it may be helpful to consider selecting benchmarks to assess penetration. Charlie also looks at providers per population compared to other states; Vermont far exceeds many states in terms of primary care providers per population, for example. Demand analyses could help us decide whether we need more or fewer providers than what we have in various specialties. Mary Val asked whether there are national benchmarks for naturopaths per population, in response to Lori Lee's earlier question.</p> <ul style="list-style-type: none"> Peter Cobb asked whether we would like to collect demand data about non-licensed professions like direct care workers, personal care assistants, etc. He suggested that those positions have high turnover, so can be hard to capture consistent demand, but he will put out a survey in late spring or early summer. 	
5. Review 2015 Workforce Work Group Workplan	<p>Sarah Kinsler introduced the Workforce Work Group Workplan and described the process by which the Workplan was created.</p> <p>The group discussed the following:</p> <ul style="list-style-type: none"> On Row 4, Dawn Philibert suggested that the target date be ongoing. Madeleine Mongan suggested that on the Strategic Plan item (Row 3), the note about the RFP be removed since we have since decided not to pursue Mary Val Palumbo asked about funding associated with this Work Group. Is funding specifically tied to supply and demand research, as Georgia had suggested at a previous meeting, or is it broader? Could we specifically fund a proposal like Lori Lee's or Peter's, for demand modeling for specific provider types like naturopaths or visiting nurses associations (VNAs)? This group previously had funding proposals that were outside the SIM funding scope. Mary Val suggested that it would be good to get an accounting from Georgia: How much will Demand Modeling work cost, and how much total is available? How much is allocated to support Work Group staff? Peter Cobb asked whether Demand Modeling RFP responses have taken into account private duty nursing. Charlie MacLean noted that the contractor the review team selects can include this information if we give ask them to; Mary Val noted that there will be assumptions that we will verify. Madeleine Mongan noted that some hospitals and other care settings that employ traveling nurses or other providers that might not show up in these models, though supply side data might fill this gap. Madeleine and Charlie suggested we seek more information on the minimum dataset for licensing data. Charlie requested an update on efforts to hear from the Payment Models and Care Models and Care Management (CMCM) Work Groups. This group heard from the CMCM Work Group on their Integrated Communities Care Management Learning Collaborative in February; their other activities have focused on developing ACO Care Management Standards and a provider survey. Dawn Philibert noted that this highlights the intersectional nature of the Workforce Work Group's work. Madeleine Mongan suggested that that the group look at the ACO Care Management standards and see whether they are relevant. Beth Tanzman suggested the group wait until the three Learning Collaborative communities have had more 	<p>Sarah Kinsler will follow up with Georgia on funding questions.</p>

Agenda Item	Discussion	Next Steps
	<p>time to assess outcomes.</p> <ul style="list-style-type: none"> Mary Val noted that this group has not presented to other work groups; Lori Lee Schoenbeck and Dawn Philibert suggested that this could be a good step. Mary Val suggested that presenting the Workforce Strategic Plan following approval by GMCB could be a good topic for presentations. Madeleine Mongan agreed. Mary Val noted that all VHCIP Work Group Co-Chairs do meet semi-regularly and that she would connect with other co-chairs at the next meeting. 	
6. Presentation/ Discussion: VDH/Office of Professional Regulation (OPR) Survey Reports	<p>Dawn Philibert introduced Rich McCoy, Chief of Public Health Statistics at VDH. Peggy Brozicevic was unable to participate in today's meeting, so Rich will be providing an overview with Dawn leading discussion. A sample of VDH's reporting format was also distributed.</p> <ul style="list-style-type: none"> Rich provided an overview of the survey process. Rich noted the challenges of gathering a full census report for the 2012 survey due to a change in procedure: specifically, that the relicensing process has moved to an online portal, and requires a great deal of follow up and administrative work. Previously 5 provider types had been surveyed, beginning in the 1990s; now surveying 25+ specialties. This work is supported by coordination with Licensing, but still requires a great deal of manual data entry and follow up. VDH is focused on data quality. One key data element is full-time equivalent (FTE) information – an important piece for policy-making. However, this often requires a significant amount of follow-up. <ul style="list-style-type: none"> Lori Lee Schoenbeck asked whether the FTE includes patient time only, or paperwork as well. Rich responded that this isn't made clear in the survey, though the survey generally defines work hours to include paperwork, reporting, etc. (though not on-call hours). Data is reported in two ways: a statistical report, and a report with a summary that highlights changes and other key data points. VDH has been behind on their reporting cycle and had hoped to get back on track this summer. Rich will connect with Peggy to get a timeline to this group. <p>The group discussed the following:</p> <ul style="list-style-type: none"> Staff and contractors are struggling to extract data; VDH expects this to be easier going forward. Mary Val Palumbo asked whether VDH had considered dropping their desired response rate to 90% or lower given the work associated with collecting this information. Charlie MacLean suggests that it would be easy to test this by throwing out the last 10% collected and comparing results. Rich responded that for some specialties, it is easy to collect the last 10%; for others it's a challenge. Rich and Mary Val noted that VDH needs to balance how many resources to put to this task, as well as how long to delay reports in order to collect data that is as complete as possible ("census-level"). Rich noted that the physician survey is the top priority. Lori Lee Schoenbeck suggested the survey include provider capacity and patients currently served as a source for demand data. Charlie MacLean thought this was unlikely to come from a survey; the closest is 	

Agenda Item	Discussion	Next Steps
	<p>whether or not providers are accepting more patients. Charlie suggested Vermont’s all-payer claims database could provide much of this information but that this would require a great deal of analysis.</p> <ul style="list-style-type: none"> • Mary Val asked whether this group could have a one-pager that summarizes all professions. Madeleine Mongan suggested that this is included in the report’s executive summary. Charlie MacLean suggested that interpreting this information could be a good task for this group – VDH’s task is descriptive but does not draw out the key lessons. Mary Val suggested this could be a good task for a contractor, in conjunction with review of the literature. This group could inform conclusions or discussion. • Burt Wilcke noted that the number of specialty physician assistants has grown remarkably over the past decade; the group discussed possible reasons for this. • Dawn Philibert asked whether there was some benefit to creating summaries of each provider type. Madeleine Mongan noted that much of this information is already in reports. Mary Val suggested that VDH’s job is to get this data as soon as possible, and again asked whether 100% response rates are necessary. Dawn asked Rich whether there is a statistically acceptable way to assess this. Rich suggested that a few rounds of follow-up are important; additional response can be critical in situations where there is low response rate in a particular county, for example. Mary Val suggested a preliminary report when 80% of responses are in to support quicker reporting and reduce VDH workload. Rich responded that this could work in some situations but will depend on the data. Charlie MacLean suggested that if this is a mandate, providers would complete it; Mary Val suggests licensing boards would need to be involved. <p>Mary Val Palumbo and Dawn Philibert suggested we table this issue for now.</p>	
7. Other topics: Discussion, Non-SIM Funding Proposals	<p><i>Status of Workforce-Related Initiatives and Grants around the State:</i> (Moved from Item #3) Mary Val Palumbo suggested that this group continue to regularly discuss workforce-related grants this group has received, submitted or is considering submitting.</p> <ul style="list-style-type: none"> • Grants funded: <ul style="list-style-type: none"> ○ Madeleine Mongan offered to report on this on behalf of Vermont Medical Society Foundation at the next meeting. ○ Lori Lee Schoenbeck noted that the Blueprint has funded grants to support participating practices who are transferring from one EHR to a new EHR for participating practices; funds can support hiring additional staff to perform data entry/transfer records. • Grants submitted: <ul style="list-style-type: none"> ○ Charlie MacLean and Mary Val Palumbo submitted a large grant application to the Health Resources and Services Administration (HRSA) on workforce development within training programs/continuing education activities related to elderly patients. Expect to hear this summer. ○ Peter Cobb announced that Home Health agencies as a group and VNAs of Vermont have submitted an application for a grant around palliative care for hospice-eligible patients who have 	

Agenda Item	Discussion	Next Steps
	<p>not elected hospice. Expect to hear within a few weeks.</p> <ul style="list-style-type: none"> • Possible future grant opportunities: <ul style="list-style-type: none"> ○ Mary Val Palumbo noted that the second round of the Future of Nursing State Implementation Grant is due in June. Two focus areas – academic progression (marketing to encourage nurses to go back to school for a bachelor’s degree) and a nurse practitioner residency program within three independent nurse practitioner-led practices in the state. Requires a match of \$75,000; Mary Val requests suggestions about possible sources of match funding. 	
8. Public Comment, Wrap-Up, Next Steps, Future Agenda Topics	<p>No further comments were offered.</p> <p>Next Meeting: June 24, 2015, 3:00-5:00pm, Conference Room 101, Vermont State Colleges, 575 Stone Cutters Way, Montpelier.</p>	